



**SUPPLEMENTAL "LARGE CONTRIBUTION" REPORT
BY A CANDIDATE'S COMMITTEE
(\$1,000 CONTRIBUTIONS OR MORE)**

State Form 48492 (R3/11-05)
Indiana Election Commission (IC 3-9-5-20.1; 3-9-5-22)

(CFA-11)

INSTRUCTIONS: Only candidates receiving a "large contribution" are required to file this report. Please type or print legibly **IN BLACK INK** all information on this form. For assistance in completing this form, see instructions on the reverse side.

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-11
REPORT

ONE

COMMITTEE INFORMATION

1. Full Name of Candidate (include any nickname) <input type="checkbox"/> Check if this is a new name MARK J. BOWEN		2. Committee Telephone Number (317) 626-1004	
3. Mailing Address (address where all campaign finance correspondence is received) <input type="checkbox"/> Check if this is a new address 610 MORSE LANDING DRIVE			
4. City CICERO	State IN	ZIP Code 46034	5. Party Affiliation or If Independent Candidate REPUBLICAN
6. Office Sought (include district number, if any. Not required for exploratory committee.) HAMILTON COUNTY SHERIFF			7. County of Residence HAMILTON
8. Reporting Period: From: 4-10-2010 Through: 5-2-2010			
For classification, enter INDV for individual; PAC for political action committee; CORP for corporation; LAB for labor organization; NONE for all entries which are not one of the above categories.			

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS street number, city, state, ZIP code		CONTRIBUTION AMOUNT (OTHER RECEIPTS)	DATE RECEIVED RECEIVED BY
Classification PAC	1. SHAMROCK PAC 16615 DOWNSTREAM DR. NOBLESVILLE, IN 46062 Contributor's Occupation (if applicable) POLITICAL ACTION COMMITTEE	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify)	\$1,000.00 4-15-2010 MSB
Classification	2.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify)	
Classification	3.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify)	

CERTIFICATION

STATEMENT TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS

Title TREASURER	Date (MM-DD-YY) 4-19-10
	Date (MM-DD-YY) 4-19-2010

copied for sale or used for any commercial purpose. (IC 3-9-4-5) A
felony. (IC 3-14-1-13) A person who fails to file a complete or accurate
report is guilty of a Class B misdemeanor (IC 3-14-1-14), and may be subject to civil

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